CATEGORIZATION CRITERIA CHECKLIST FOR PEDIATRIC STABILIZATION FACILITY

Pediatric Stabilization Facility

Provides appropriate identification and stabilization of all critically ill or injured children and arranges for appropriate transfer to a higher level pediatric facility. These facilities must have formalized transfer agreements to higher levels of pediatric care.
E-Essential, **D**-Desirable

Criteria	E / D	Met	Not Met	Comments
I. DEPARTMENTS / SPECIALTIES AND NURSING DEPARTMENT				
I.A Departments:				
1. Department of Pediatrics / Family Medicine	**D**			
2. Department of Surgery	**D**			
3. Department of Anesthesia	**D**			
4. Emergency Department	**E**			
5 Pediatric Trauma Service - Organized approach to pediatric trauma	**E**			
6. Child Abuse-Organized approach to child physical and sexual abuse and neglect	**E**			
7. Radiology Department	**D**			
I.B Pediatric Specialist Availability: In the absence of pediatric specialist availability, a general specialist may substitute				
I.B.1. Non surgical specialties: On-call <u>or*</u> promptly available by phone				
1. Family Medicine	**E**			
2, Neonatology	**E**			
3. Pediatrics	**E**			

Criteria	E / D	Met	Not Met	Comments
4. Pediatric Radiology	**D**			
1.B.2. Surgical Specialties: On-call and promptly available by phone				
1. General Surgery	**D**			
2. Anesthesia [1]	**D**			
2 Pediatric Orthopedic Surgery / Orthopedic Surgery	**D**			
I.C. Department of Nursing [2]				
1. Pediatric Care Coordinator [3]	**E**			
2. Pediatric Nurse Educator [4]	**D**			
II. FACILITIES / RESOURCES / CAPABILITIES				
II.A. Emergency Department:				
1. Designated Physician Director	**E**			
2. Pediatrician or other Physician [5]	**E**			
3. Pediatric Resuscitation Team [6,7,8]	**E**			
4. Nursing Staff / General Staff experienced in pediatric emergency care [2]	**E**			
5. Designated resuscitation area equipped for the resuscitation and stabilization of neonatal, pediatric/adolescent patients and of adequate size to accommodate a full resuscitation team, including trauma	**E**			
6. Written guidelines of the most frequent pediatric emergencies [9]	**E**			
II.B. Equipment : See required equipment list [10].				
II.C. Support Services:				
In house 24 hours per day				
Respiratory Therapy [11]	**E**			

Criteria	E / D	Met	Not Met	Comments
On-call and promptly available by phone [12]				
1. Clinical social worker [13]	**D**			
2. Pastoral Care	**D**			
3. Clinical Laboratory				
3.a. Available 24 hours per day	**E**			
3.b. Blood bank **T**	**E**			
3.c. Blood gases **T**	**E**			
3.d. Chemistry **T**	**E**			
3.e. Access to poison control centers **T**	**E**			
3.f Hematology **T**	**E**			
3.g Microbiology **T**	**D**			
3.h Microsampling capability	**E**			
3.i Serology **T**	**D**			
3.j. Drug Levels/Toxicology **T**	**D**			
4. Radiology **T** [12]	**E**			
5. Subunit Capability/Transfer Agreement				
5.a. Transport guidelines and transfer agreements for critically ill / injured pediatric / neonate patient such as: Acute spinal cord injury, burns, etc. **T**	**E**			
5.b. Adherence with RAC guidelines regarding care of pediatric patients **T**	**E**			

III. PERFORMANCE IMPROVEMENT

Criteria	E / D	Met	Not Met	Comments
1. ED physician audit of pediatric patients including 48 hour readmits	**E**			
2. Multi-disciplinary pediatric resuscitation conferences **T**	**E**			
3. Participation in county or area child fatality review team	**E**			
4. Participation in state trauma registry **T**	**E**			
5. Pediatric nursing audit	**E**			
6. Review of all pediatric deaths / child abuse / neglect cases	**E**			
7. Review of pediatric transports and pre-hospital care	**E**			
8. Review of regional systems of pediatric care	**D**			
9. Structured Program	**E**			
IV. COMMUNITY PROGRAMS				
1. Continuing education programs on pediatrics for professional staff	**E**			
2. Consultations with physicians and pediatric referral institutions	**E**			
3. Pediatric education for pre-hospital care providers	**D**			
4. Public education, including injury prevention	**E**			

II.B. Equipment List :

Essential equipment for the Pediatric Stabilization Facility

1. Communication Equipment with EMS System **T**
2. Airway Management **T**
   - 2.a. Airways - size 00-5F (oral) and 12F-30F (nasal pharyngeal) **T**
   - 2.b. Bag-valve-mask resuscitators, self-inflating: 250**,** 450 and 1000 ml sizes
   - 2.c. Endotracheal tubes: Cuffed: 5.5-9.0 Uncuffed: 2.5-5.5 **T**
   - 2.d. Laryngoscope blades: Sizes 0, 1, 2, 3, straight and 2 and 3 curved **T**
   - 2.e. Laryngoscope handle: pediatric and adult **T**
   - 2.f. Magill forceps: pediatric and adult
   - 2.g. Nasal cannula: infant, child, and adult sizes **T**
   - 2.h. Nasogastric tubes: appropriate sizes (sizes 3 to 14 Fr) **T**
   - 2.i. Non-rebreathing masks: infant, child, and adult sizes **T**
   - 2.j. Oxygen with appropriate delivery devices **T**
   - 2.k. Oxygen masks, clear: neonatal, infant, child, and adult sizes **T**
   - 2.l. Stylets: pediatric and adult sizes **T**
   - 2.m. Suction and appropriate size catheters, 5-16 fr, yankauer **T**
   - 2.n. Tracheostomy tubes: sizes 00 to 6 .
3. Monitoring
   - 3.a. Blood pressure cuffs: neonatal, infant, child, adult, thigh **T**
   - 3.b. Cardiopulmonary monitors with pediatric capability and strip recorder; monitors with at least two pressure capability **T**
   - 3.c. Doppler for blood pressure monitoring **T**
   - 3.d. Monitor-defibrillator (0-400 J capability) with pediatric and adult paddles (4.5 cm and 8 cm) **T**
   - 3.e. Non-invasive blood pressure monitor **T**
   - 3.f. Pediatric and adult monitor electrodes **T**
   - 3.g. Pulse oximeter with sensors, sizes newborn through adult **T**
   - 3.h. Sphygmomanometer **T**
   - 3.i. Thermometer/rectal probe with range 25^{o} - 44^{o}C **T**
4. Vascular Access
   - 4.a. Arm boards: infant, child, and adult sizes **T**
   - 4.b. Butterfly needles: 19- to 25- gauge
   - 4.c. Catheter-over-needle devices: 14- to 24-gauge **T**
   - 4.d. Infusion pump, drip or volumetric, with appropriate tubing and connectors **T**
   - 4.e. Intraosseous needles: 16- and 18-gauge. May be satisfied by standard bone marrow aspiration needles (13- or 15-gauge)
   - 4.f. Intravenous fluid/blood warmers **T**
   - 4.g. Umbilical vein catheters: sizes 3.5 Fr and 5 Fr [13]
5. Resuscitation Medications
   - 5.a. Advanced Life Support medications per current American Heart Association standards **T**
   - 5.b. Printed pediatric drug dosage reference material readily available
6. Specialized Pediatric Trays

6.a. Lumbar puncture: spinal needles, sizes 20- and 22-gauge **T**
6.b. Obstetric pack
6.c. Newborn kit with umbilical vessel cannulation supplies and meconium aspirator
6.d. Surgical airway kit (may include any of the following items: tracheostomy tray, cricothyrotomy tray, ETJV (needle jet) **T**
6.e. Urinary catheterization with pediatric Foley catheters sizes 6-16 Fr **T**
6.f. Venous cutdown **T**

7. Fracture Management
7.a. Casting materials **T**
7.b. Cervical stabilization equipment in child and adult sizes **T**
7.c. Extremity and femur splints in child and adult sizes **T**

8. Miscellaneous
8.a. Warming devices [14] .
8.b. Infant formula and oral rehydrating solutions
8.c. Medical photography availability
8.d. Pediatric and standard scales for weight measurement **T**
8.e. Pediatric restraining devices
8.f. Resuscitation board **T**
8.g. Sterile linen available within hospital for burn care **T**

Desirable Equipment for the Pediatric Stabilization Facility

Seldinger technique vascular access kit with pediatric sizes 3, 4, 5 Fr catheters **T**
Thoracostomy trays with chest tubes: Size 8-28 fr **T**
Tube thoracostomy with water seal drainage capability **T**

ENDNOTES: PEDIATRIC EMERGENCIES

1. Requirements may be fulfilled by an anesthesiology resident and/or CRNA designated by the Chief of Anesthesia as capable of assessing emergent situations in pediatric patients and providing any indicated treatment. Where no facility in a region can provide in-house anesthesia coverage, this requirement may be met by an attending level pediatric critical care or pediatric emergency medicine physician designated as above by the Chief of Anesthesia. A staff specialist in pediatric anesthesia must be available promptly within 30 minutes. (In Level II facilities a staff specialist in anesthesia must be available within 30 minutes).

2. One nurse on each shift must have extra competence in pediatrics as demonstrated by completing a comprehensive pediatric emergency nursing course (such as ENPC or PALS).

3. May be substituted by the Pediatric Trauma Coordinator.

4. A Nurse Educator is desirable. This individual must incorporate pediatrics into the curriculum.

5. This requirement may be fulfilled by a physician (1) who is sub-board certified in pediatric emergency medicine, (2) who is board certified/board eligible in pediatrics or board certified/board prepared in Emergency Medicine, (3) or a Family Practice physician , and who demonstrates his/her commitment by engaging in the exclusive practice of pediatric emergency medicine a minimum of 100 hours per month, or has an additional one year of training in pediatric emergency medicine, current in PALS / APLS.
   A physician capable of pediatric airway management must be present in the hospital 24 hours per day. This could be a pediatrician, emergency medicine physician, anesthesiologist, or surgeon.

6. The Pediatric Resuscitation Team composition is to be determined by the hospital and indicated in hospital policy available in the facility.

7. “In house” is defined as immediately available within five minutes. On-call personnel must be promptly available within 30 minutes.

8. A nurse with pediatric specific training must be on-call to respond to pediatric medical and trauma resuscitation.

9. Written guidelines should reflect pediatric emergencies common to the area.

10. Ensure availability of pediatric sizes within the hospital.

11. Can be met by a nurse crossed-trained in respiratory therapy.

12. For the purposes of the guidelines "prompt" means to be available in less than 30 minutes.

13. As a member of an interdisciplinary team, shall provide families psychotherapeutic services, which may include, but are not limited to, crisis intervention, grief counseling and advocacy, as well as physical and sexual abuse protocols.

14. Overhead warmer immediately available in the institution. May be met by infrared lamps,

overhead warmer, or warming blanket, although use of overhead warmers is recommended in the ED.